

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece



Southern Health Services Partners
 Autauga County Metro Jail
 136 North Court Street
 Prattville, AL 36067

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

P. McLaughlin

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

P. McLaughlin

C. Date of Delivery

10-30-06

- Address different from item 1? ☐ Yes
 or delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from)

7005 1820 0002 3461 0331

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article



Herbie Johnson, Sheriff
 Autauga County Metro Jail
 136 North Court Street
 Prattville, AL 36067

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

P. McLaughlin

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

P. McLaughlin

C. Date of Delivery

10-30-06

- Address different from item 1? ☐ Yes
 or delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from service lab)

7005 1820 0002 3461 0355

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154C